

**Date**

Manager, Engineering and State Certification  
Office of Ocean and Coastal Resources Management  
South Carolina Department of Health  
and Environmental Control  
1362 McMillan Avenue, Suite 400  
Charleston, South Carolina 29405

The following project will be submitted to the Department of Health and Environmental Control, Bureau of Water Pollution Control for Permitting under the Delegated Review Program. Enclosed is information on the project and contacts.

**Project Name:**

**General Location ( a written description)(may include map)**

**County:**

**Type Waste:**

**Volume (GPD)**

**Disposal Method:**

**Project Description:**

**Owner of Project:**

**Address & Phone Number of Owner**

**Consulting Engineer:**

**Address & Phone Number of Consulting Engineering:**

**POTW Contact & Phone Number:**

The OCRM certification (when available) should be mailed to the POTW participating in the Delegated Review Program

**Name:-----**

**Address:-----**

**City/State/Zip:-----**